

**Commonwealth of Kentucky
Public Service Commission**

INFORMATION FORM FOR TELEPHONE UTILITIES OPERATING
PURSUANT TO 2006 KY ACTS CHAPTER 239 (HB 337)

Complete Name
of Telephone Utility: _____

Physical Address
of Principal Office: _____

Name and Title of
Person Responsible for
Answering Consumer
Complaints: _____

Telephone Number of
Person Responsible for
Answering Consumer
Complaints: _____

In accordance with 2006 KY ACTS Chapter 239 Section 2(2), which requires telephone utilities operating pursuant to 2006 KY ACTS Chapter 239 Sections 1 through 4 to file with the Commission certain information, I, _____, on behalf of _____ do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this ____ day of _____, 20____.

UTILITY: _____

BY: _____

STATE OF _____
COUNTY OF _____

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the ____ day of _____, 20____.

NOTARY PUBLIC

My Commission Expires: _____